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TALLAHASSEE, FLORIDA

J. Shivers SEP 14 2011

W11-47957

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
11 AUG 22 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: ROBERT S. WIGGINS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: ROBERT S WIGGINS

Name (Printed or typed)

3113 MEDICAL WAY, APT # 6

Address

SEBRING, FLORIDA 33870

City, State & Zip

863-214-7426

Daytime Telephone number

Clown232@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SEP 13 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

ROBERT S. WIGGINS, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3113 MEDICAL WAY  
APT # 6  
SEBRING, FL 33870

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
CONSULTING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert S Wiggins-President	Name and Title: _____
Address: 3113 Medical Way	Address: _____
Apt # 6	_____
Sebring, Fl. 33870	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Robert S. Wiggins  
Address: 3113 Medical Way, Apt #6  
Sebring, Fl 33870

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

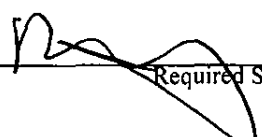
Name: Robert S. Wiggins  
Address: 3113 Medical Way, Apt #6  
Sebring, Fl 33870

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

8/16/2011  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

08/16/2011  
\_\_\_\_\_  
Date

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TALLAHASSEE, FL 32399